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## ABSTRACT

Results from the evaluation of 11 demonstration programs designed to prevent child abuse are summarized in this working paper. The programs were of three types: perinatal programs; community-wide education, information, and referral projects; and culturally relevant parent education efforts. The four perinatal programs focused on extended mother/infant contact, participatory birth experience, postpartum education and support activities for the mother, and perinatal support to provide parents with coping skills and to reduce their isolation. The two culture-specific parent education programs addressed unique parenting problems of Hispanics and highlighted parenting issues of relevance to recently arrived Asian immigrants (Japanese, Samoan, Filipino, and Vietnamese). Aimed at the public in general, two demonstration programs promoted public awareness and education through live drama and videotaped dramatic presentations. The remaining three community-focused programs sought to provide parent and family education along with courses on childrearing skills, strengthen informal helping networks, and use media to educate the public about family support resources. These last three demonstration programs served unique communities: the largely rural island community of northwest Washington state; the Blackfeet Indian Reservation in Browning, Montana; and the three most impoverished black census tracts in Atlanta, Georgia. (RH)

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# prevention focus



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WHAT HAVE WE LEARNED ABOUT PREVENTING CHILD ABUSE?  
AN OVERVIEW OF THE "COMMUNITY AND MINORITY GROUP ACTION  
TO PREVENT CHILD ABUSE AND NEGLECT"  
PROGRAM

Ellen Gray, Research Associate

Working Paper 009

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What Have We Learned About Preventing Child Abuse?  
An Overview of the "Community and Minority Group Action  
To Prevent Child Abuse and Neglect"  
Program<sup>1</sup>

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National Committee for Prevention of Child Abuse

Introduction

Study and service in the field of child abuse, as in many other areas of effort--mental and physical health--is placing increased emphasis on prevention. The reasons are the same across all fields: the alternative course is too costly. It is costly in dollars and costly in the rate and consequences of failure. The treatment of many social and environmental problems is often a case of too little service, given too late, with too-low success rates [1].

The area of child abuse prevention is still in an embryonic stage, however. Public health concepts--the historical framework for current prevention efforts--do not translate easily to a phenomenon of multiple, and largely unknown, etiology. Professionals and volunteers are casting out in many directions to find effective and efficient ways to promote family health, reduce family risk, build anticipatory coping skills. Some of the strategies they have employed have enjoyed great public popularity (e.g. family-centered birthing practices). Others are less well known because they are newer (self-care programs for "latch-key children"); because they are in one professional system (early and periodic screening, diagnosis and treatment programs [EPSDT] in the health care system); or because they operate behind the scenes (legislative advocacy for a Children's Trust Fund on the state level). All are inadequately tested [2].

In 1979 the National Center on Child Abuse and Neglect in the Children's Bureau of the Administration for Children, Youth and Families of the Federal government embarked on a community-based prevention program to learn more about how to prevent abuse. In October of that year they awarded eleven 3 1/2 year grants to communities to conduct demonstration projects in the areas of preventive perinatal interventions; parent education; community education, information, and referral; and public awareness and education using the dramatic arts and the media.<sup>2</sup> The National Committee for Prevention of Child Abuse was awarded a grant to provide a collaborative evaluation of

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<sup>1</sup> The author wishes to acknowledge the assistance of the following people in compiling and analyzing the data: Joan DiLeonardi, Linda Barrett, Mary Kay Duggan, Sue Kulinowski.

<sup>2</sup> The demonstration program was entitled "Community and Minority Group Action to Prevent Child Abuse and Neglect." A brief description of each of the eleven programs is included in Appendix A.

each of these programs.<sup>3</sup> This research has just ended and has contributed to the knowledge in the field, particularly with regard to those programs which do not require large-scale and continuing involvement of professionals.

The study employs a range of research techniques and strategies, geared to the unique character of each of the demonstration programs and dealing with the particular challenges of evaluating prevention. The following discussion summarizes the research findings by type of strategy.

#### Perinatal Programs

Four of the programs in the demonstration round--the perinatal programs--are variations on the theme of making the earliest possible intervention in the life cycle of the individual. The first of these strategies is early and extended maternal-infant contact. Building on research findings of readiness for interaction of mother and child right after birth [3, 4, 5], the theory has developed that successful mother-child bonding may play a vital role in preventing future parenting disturbances. Several tests of this hypothesis have suggested that 1) early and extended contact promotes attachment between mother and baby [6], 2) the enhanced attachment is still in effect and observable when the baby is a year old [7], and 3) having mother and baby "room" together in the hospital during the post-partum period results in fewer problems with inadequate parenting [8].

Following up on these studies, Vanderbilt University Medical School demonstrated with a group of young, low-income mothers and their babies, three variations of increased post-partum contact--immediate contact in the delivery room, rooming-in, and a combination of early and extended contact--and established a protocol for safe implementation in a hospital setting.<sup>4</sup> Measured under the purview of this study--before and after the variations in contact were experienced--were cognitive understanding, attitudes, and values related to child abuse; and mothers' attachment, closeness, confidence and idealization of the infant. There were no differences on these dimensions between time points, nor were there differences between contact groups on any of the dimensions studied.<sup>5</sup>

What might be surmized from these results is that although there are indications that early and extended contact bring about attachment and bonding, it is probably not a one-to-one relationship (the earlier and longer the contact, the stronger the bond), and is probably variable across

<sup>3</sup> Grant #90-CA-2048, Department of Health and Human Services, "Collaborative Research of Community and Minority Group Action to Prevent Child Abuse and Neglect."

<sup>4</sup> Grant #90-CA-2138, Department of Health and Human Services, Demonstration of Early and Extended Postpartum Contact Between Parent and Newborn and Effects Upon Child Maltreatment."

<sup>5</sup> These statements of findings and those following are, of necessity, brief and unaccompanied by documentation. Readers interested in detailed presentation are encouraged to obtain the full research reports, itemized in Appendix B, from the National Committee for Prevention of Child Abuse, 332 South Michigan Ave., Suite 1250, Chicago, Illinois, 60604.

populations. For instance, a very young mother in a non-supportive family situation may be more likely to "bond" with her baby if her own needs for nurturance are addressed after she gives birth than if she has the baby--and implied expectations--thrust at her immediately.

An extension of the early contact concept is that of the participatory birth experience. Advocated under this philosophy are the inclusion of the husband or another supportive person throughout the birth process; maximum participation of the mother in her own delivery; a recovery room equipped for a quiet time for mother, father and baby to spend together; rooming-in; and sibling visitation.

In a five-county area in Indiana, the Rural Family Support Project took a systems approach to encouraging this type of programming.<sup>4</sup> The process consisted of establishing Perinatal Planning Groups made up of obstetrical department supervisors, directors of nursing, social service and medical consultants, childbirth educators and community leaders: people who--although professionals in many cases--were volunteering their time to advocate and plan for changes that would help provide an optimum bonding experience for families.

It was found that these community organization techniques were quite effective in significantly altering the health care system as it relates to childbirth to make it more participatory and humane. Delivering mothers and their families were found to feel very good about experiencing childbirth in this atmosphere. The addition of most of the discrete changes and services however, was not shown to have a significant impact on mothers' closeness to the baby, or confidence in caring for the newborn. One exception is the private time between parents and baby after childbirth. Some association between this opportunity and increased closeness and confidence was found. Although short-term and lasting benefits for the child can be inferred from this association, this was not directly measured.

A third variation of the perinatal intervention theme is the array of educational and skill development interventions that can be made. Within this group of strategies there is available to the mother during the post-partum period a caring person who helps her learn what her baby can do and how to care for him. Particularly stressed here are support, education, and activities designed to foster the comfort and attachment between parents and child, such as discussion of the uniqueness of the particular child, demonstration of his response capabilities, and techniques to comfort him. The helping person, whether health professional or volunteer, is trained to be sensitive to and knowledgeable about the stresses childbirth creates for the mother and family and how to deal with them. The final step in this attempt to give parents and baby the best possible start together is a follow-up program to build on the relationship the mother began with the particular nurse or volunteer who offered her support and education during her hospital stay.

Perinatal Positive Parenting, a Michigan State University project was one such program.<sup>7</sup> In the hospital, information was dispensed by volunteers and by way of project-developed videotapes brought right into the mother's

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<sup>4</sup> Grant #90-CA-2142, Department of Health and Human Services.

<sup>7</sup> Grant #90-CA-2137, Department of Health and Human Services.

hospital room. Volunteers also made home visits to those who elected to receive them, where they demonstrated infant capabilities and infant stimulation activities and offered the parents an opportunity to discuss any questions or concerns they might have.

Evaluation showed that these educational interventions delivered by supportive volunteers to first-time mothers were effective in reducing unrealistic expectations of their children. These volunteer services made strides toward reducing role reversal as well (the expectation of mothers that their babies would in some way take care of them). Idealization of the infant by the mother, however, was unaffected by these interventions.

The remaining perinatal strategy, which can be called perinatal support, combines elements of the other three, with an emphasis on reducing isolation and stress in the new mother, and compensating for nurturing skills and abilities in which she may be deficient due to her own early experiences. The Pride-In Parenthood program in Norfolk, Virginia sought to provide support and education from a trained Family Friend (a project-trained paraprofessional) to Navy families and young inner-city couples about to experience parenthood for the first time.\*

The program, chiefly through the efforts of the Family Friends, provided to its participants an opportunity for peer interaction and support by establishing groups of first-time parents. It prepared the participants for childbirth by encouraging them to take Lamaze preparation for natural childbirth classes. The program encouraged the father's presence during labor and delivery, and provided an opportunity for physical contact between parents and newborn to promote bonding. It provided education in child care, nutrition, and money management through the vehicle of the parents group. It linked parents up with community resources to provide them with recreation, social contacts, and self-development. The emphasis was on improving the families' chances for successful parenting by giving the parents coping skills and reducing their isolation. The one-to-one relationship with the Family Friend was critical.

Pride-In-Parenthood displayed weak, but positive effects from the program with measured differences in the mothers' attitudes towards their children, and improvement in parenting attitudes associated with abuse. The participants' enthusiastic support of the project was also thought to be an indicator of success, as it was part of the plan for perpetuation of the project that former recipients of the service would become Family Friends to other new parents.

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\* Grant #90-CA-2139, Department of Health and Human Services.

### Culturally Relevant Parent Education

Another area of child abuse prevention programming represented by two of the demonstration projects is culturally relevant parent education. Parent education is not a new concept; programs like P.E.T. and S.T.E.P. have enjoyed considerable popularity in the last decade. Culture-specific programs are a relatively new idea, however, with a logical connection to child abuse prevention. One application seeks to address the unique parenting problems of an ethnic and economic subculture in the United States, the other to deal with the special confusions and frustrations of an immigrant population.

The first is exemplified in Project C.A.N. Prevent, part of the Avance Parent-Child Education Program in San Antonio, Texas.<sup>9</sup> The Avance program was originally designed to aid Hispanic parents of low socioeconomic status in their efforts to help their children overcome problems in the school and society. The program takes a comprehensive approach to preventing and overcoming these problems, dealing with such environmental conditions as isolation, stress and economic status; and such psychological, cultural and educational processes as bonding and affection, discipline, and child growth and development. Project C.A.N. Prevent was designed to examine the above-mentioned forces and their effects through an extensive needs assessment in their target community and incorporate the results into a model 10-month parenting curriculum that they would then deliver to parents. Individuals were solicited for the program, were provided with home visiting and child care, and became part of the Avance "family."

The project intended to touch on every area of childrearing through their combination of didactic education, skill modeling, and supportive experience. In so doing, project planners hoped also to have an impact on the prevalence of child abuse and neglect in the population.

Indications are that their hopes were confirmed. The participants in this program were more knowledgeable in areas related to raising a child effectively, more positive in their childrearing attitudes, more willing and able to negotiate social support for themselves in times of stress, and more hopeful about the future after completing the program than they were before, and more so than mothers of a similar background who hadn't participated in the program.

In contrast to the total-immersion educational approach of Project C.A.N. Prevent, the Pan-Asian Parent Education project, under the auspices of the Union of Pan-Asian Communities, sought only to highlight the parenting issues of relevance to recently arrived members of four Asian ethnic communities (Japanese, Samoan, Filipino, and Vietnamese).<sup>10</sup> Specifically, the project set out to facilitate for the participants, development of insight into the role that cultural values and attitudes play in childrearing. The participants could thereby reduce the culture shock, disharmony in family life and socialization problems of parents and children that are so prevalent among new immigrants to a country. Conflict between parents adhering to their traditional parenting practices and beliefs and children who are rapidly "Americanizing" would be reduced by exposure to the parenting belief systems of both cultures and the opportunity to talk out the issues in the supportive atmosphere of a group, according to the tenets of this program.

<sup>9</sup> Grant #90-CA-2143, Department of Health and Human Services.

<sup>10</sup> Grant #90-CA-2144, Department of Health and Human Services.

Evidence that these goals were reached includes positive participant feedback, changed attitudes and beliefs concerning some of the most problematic issues, and clearer conceptions by the participants of the differences between their culture and "mainstream American culture" with reference to childrearing. Responses to the group seemed to vary significantly according to the cultural traditions of the individual ethnic groups and acculturation levels of the members, however. Clearly, different groups wanted and got different things from the parenting group experience.

In addition to programs consisting of interventions with identified individual clients--i.e., parents of a specific culture, all new parents or first-time parents, there were programs in this demonstration effort that were aimed at the public in general. Two of these promoted public awareness and education using the media of live drama and videotaped dramatic presentations. They were Inter-Act: Street Theatre for Parents,<sup>11</sup> and the University of Mid-America's child abuse project, "Close to Home."<sup>12</sup>

Through Inter-Act, a troupe of actors dramatized original material for parents who do not, for a number of reasons, make use of traditional parent education services in a series of short, single-point sketches. The performers presented information on childrearing and coping skills in the hope of reducing family stress that might lead to abuse and neglect. Performances included topics such as stress management, diffusion of anger, realistic role expectations for family members, how to ask for help, and how to develop support systems.

The group performed in shopping centers, grocery store parking lots, military bases, low-income housing developments, employment service waiting rooms--wherever there are parents. Handouts were made available that described the main points of particular programs and provided information about resources for parents. Troupe members gave on-the-spot resource and referral information when it was solicited.

The skits were intentionally funny. Humor acted to diffuse the intensity of the subject matter, draw the audience into the performance and minimize the feeling on the part of the observers that they were being preached to.

Audience members were tested on attitudes targeted by these skits before and after the performances through an innovative nonintrusive design. Results were strongly positive: relevant attitudes changed significantly for each skit presented. For example, there was significantly less agreement with the statements, "Spanking is the best way to get kids to do what you want them to," and "You can't let children get away with a thing, or they will be spoiled" after seeing the skits than before. General audiences had more attitude change than audiences designated as "high risk" or "professional," although in the latter case this was because of a "ceiling effect," that is, their scores were high to begin with. Whether the changes in attitude or acquisition of methods of coping with stress persist beyond the testing point was not addressed by the evaluation, but it is clear that a large number of people were reached and that they "got the message" the project was sending.

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<sup>11</sup> Grant #90-CA-2177, Department of Health and Human Services.

<sup>12</sup> Grant #90-CA-2141, Department of Health and Human Services.

"Close to Home" is a filmed mini-series of three half-hour dramatic pieces with interwoven characters dealing with three important issues for parents: What can I realistically hope for and expect from my child; How can I handle those difficult, highly stressful times when nothing's going right; How can I deal with changes that seem too many and too fast?

The University of Mid-America chose these issues because most parents find them difficult at one time or another. Unrealistic expectations, high-stress situations, and disturbing changes are often at the root of family crises. And they are key elements in many cases of child abuse or neglect.

Their purpose in producing these films was not to point an angry finger at parents who fail. Each film tells the story of a parent and a family in difficulty. No character is perfect, but nobody is a villain either. Like most parents, the mothers and fathers in the films are concerned about finding better ways to live together in a family. Like most parents, they are still learning to communicate with each other and with their children. Like all parents, they sometimes make mistakes; but they also succeed.

The "Close to Home" films were shown to varied audiences that were culturally diverse and included many first-time and teenage parents and pregnant adolescents as well as child welfare social workers, teachers, and health care professionals. The audience responses to the three segments of the series were, on the whole, positive, although not uniform across segments. The stories engaged the attention of the viewers, elicited strong feelings and stimulated discussion. Some short-term attitude change was evidenced, although not to a statistically significant degree. The films were accepted by diverse racial and cultural groups as being appropriate, for the most part. Several agencies involved in the evaluation phase expressed interest in having the tapes available to them for use with client groups as a focus for discussion and learning.

#### Community-Wide Education, Information and Referral Projects

There were three other programs benefitting whole communities in this demonstration round. Programs in this group sought to provide parent and family education and courses on childrearing skills for adults through public schools and community education methods; strengthen informal helping networks through the improvement of information and referral services, and mount public education regarding family support resources through the public media. The programs funded to demonstrate this approach all served unique communities. The first served the largely rural island community of northwest Washington State; another served the Blackfeet Indian Reservation in Browning, Montana and a third related to the three most impoverished black census tracts in Atlanta, Georgia.

In many ways these programs were the most ambitious of the demonstrations. Changing whole communities is a tremendous task, and the likelihood of their impact being widely recognized is slim. The drawback is exacerbated by two facts about community based prevention programs: 1) it is widely accepted that "community ownership" of the goals and methodology of community change is an essential component of significant change at the community level and 2) it is difficult to measure the effectiveness of programs with the community as their target.

Community ownership was an issue for each of these programs in a different way. The Cascade Islands (Washington), Primary Prevention Partnership<sup>13</sup> project, sought to increase the awareness of both the professional and lay community, to initiate and strengthen services aimed at reducing personal and family stress, and to coordinate and unify the matrix of community providers into a cohesive system. However, very early in this demonstration, the largest and most sophisticated of the four project counties began resisting the project's networking attempts. As a result, the project largely circumvented that county in their ensuing efforts. In spite of this, it can be said that the project effected substantial change in its catchment area during its operation.

For the Blackfeet Indian reservation and the inner-city Atlanta census tracts that made up the catchment area of Project Network, community ownership issues were of another sort. Both these severely deprived communities were somewhat accustomed to having outside programs--particularly government programs--thrust upon them. For the most part they had felt no ownership of these programs whatsoever. They were skeptical and without hope in regard to these new interventions.

The projects took very different tacks with these two communities, however. Although the Blackfeet Child Abuse Prevention<sup>14</sup> project was operated exclusively by the Blackfeet Indians, and was in that sense "owned" by the community, the model was a professional and an authoritarian one. The project staff mounted an extensive public awareness campaign telling community members what they were doing wrong in raising their children. The material was straightforward, and focused on negative parenting practices.

In contrast, Project Network<sup>15</sup> was acutely sensitive to the history of short-lived and marginally helpful programs imposed on their target community, sought to provide a quite different experience. Perhaps this task was made more difficult by the fact that this project, although located in the target community, was a cooperative venture between Atlanta University and the Department of Family and Children's Services. Community representation was built into the team approach by employing a resident counselor from each census tract, but the largest part of the educational and counseling interventions were provided by graduate students.

Community ownership was incomplete at the end of the funding period for this this project, but this goal was still being worked toward after funds were expended. Significant is the fact that rather than being a natural outgrowth of the participatory and helpful experiences community residents had through Project Network, community ownership was something for which this project had to draw up detailed plans, left for the community in the form of a volunteer training manual at the end of the project.

That all three of these community education/information and referral programs accomplished some of their goals in educating their target populations and networking the existing agencies in their catchment areas is indisputable. The Cascade Islands project (Primary Prevention Partnership) made over

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<sup>13</sup> Grant #90-CA-2141, Department of Health and Human Services.

<sup>14</sup> Grant #90-CA-2145, Department of Health and Human Services.

<sup>15</sup> Grant #90-CA-2146, Department of Health and Human Services.

50 presentations to the public at large and distributed 15,600 copies of project-developed materials. They planned, provided, coordinated and/or co-sponsored at least 160 in-service training sessions, workshops and conferences to members of the provider community. They were instrumental in developing continuing education and core college courses on child abuse and neglect and family stress-related subjects that ran in seven 10-session courses and educated 195 teachers. I&R systems were developed in two of their target counties during the project period. Community impact interviews indicated an overall assessment of increased personal knowledge on the part of the professional community, increased public awareness about child abuse and neglect, improvement in the coordinator and referral network among service providers, and increases in the kinds of services offered for the treatment of prevention of child abuse and neglect.

The Blackfeet Child Abuse Project developed and extensively disseminated materials on child abuse and neglect to the lay community via the major service providers in the legal, health, education and welfare systems. They introduced several innovative outreach efforts to involve community members in participatory parent-child activities. Principal representatives of the legal, health, education and welfare system expressed the opinion that community awareness of the causes and effects of child abuse and neglect increased during the period the project was in operation.

In addition, the Blackfeet project staff participated in significant and continuous roles to: implement the Indian Child Welfare Act in the removal and placement of Blackfeet children; negotiate agreements between the Tribe and State Social and Rehabilitation Services for foster home licensing and financial responsibility in the placement of abused, neglected and dependent children; and provide an alternative to jail for non-criminal juvenile offenders.

Project Network provided preventive counseling services to 28 families, trained numerous community and outside professionals in child abuse and family stress issues, educated community parents in many areas of childrearing and coping techniques, and produced and disseminated an extensive directory of services for children and youth. Through establishing its credibility with community residents as well as with agencies and institutions serving the community, the project showed that while the services currently available might not be adequate, they could be more effectively utilized through project mediation.

The effect of the efforts of these three projects on the lives of the individuals in these areas must remain unclear, however. Child abuse rates cannot be considered a yard stick because reporting (and undoubtedly incidence) of child abuse is increasing nearly everywhere, and indeed reported cases rose in all three of these communities over the project time period. (In some instances this may actually be a good sign of increased awareness and less reluctance to report appropriate cases.) Controlled studies are not feasible on the cross-community level, particularly with communities as unique as the Blackfeet reservation. Even pre- and posttesting of individual educational efforts gives only a short-range indication of effect and is complicated by the diversity of educational presentations presented by each program. At best we can only infer from community impact interviewing the difference these extensive efforts will actually make to particular families and in the overall incidence in the long run.

Without massive and costly epidemiological studies, programs of this sort will continue to be undertaken on their face validity. They will be evaluated largely on the basis of whether they performed the activities they said they would, and on the basis of the opinions of key community informants as to their effect. Whether the community comes to "own" the objectives and techniques of the projects will weigh heavily in the final decisions about their effectiveness. Perhaps more so than with any of the other kinds of demonstrations in this prevention program, the reader will make his own determination as to whether the community-based programs "worked" as child abuse prevention strategies.

### Conclusion

What, then, have we learned from these eleven projects? These data, when considered in the context of their precursors, suggest that bonding and attachment are much more complex phenomena than we might otherwise have thought. Although providing the accoutrements of family-centered, humane childbirth may contribute to reduced parenting disturbance for some, systematic changes in medical institutions and those services that surround them are probably inadequate to effect the essential relationship between parents and children in the aggregate.

This is true also of provision of early and extended contact arrangements in the hospitals. Very specific effects, but in different directions, may have cancelled one another out in these analyses, producing the nondramatic results. Who the participants are, and what they bring to the situation in the way of strengths, environmental supports and background, clearly should be taken into account in planning these kinds of programs. First, however, the relative influence of these characteristics and situational elements on the ability to benefit from such programs must be determined.

Another thing we learned from these demonstrations is that education can be effective in altering parenting attitudes. In the perinatal hospital environment, the post-partum home environment, and the didactic group setting, attitudes known to be associated with child abuse and neglect were lessened. It is essential to realize, however, that in every case this education was dispensed within a supportive relationship; and in most cases it was a one-to-one relationship. (Remember that measurable attitude change in parents was largely absent in the program that made extensive institutional changes, but did not assign particular helping persons to the families served by that system.)

Perhaps this is simply the replacement of a phenomenon that used to exist in our society through the extended family--the young woman being empathically taught how to be a mother by her own mother. Perhaps it more resembles the natural helping relationship that would exist in communities and neighborhoods before these environments disappeared for some people. Or perhaps the model is more one of mentoring, also a natural relationship for those with access to a potential mentor. In any case, it is the naturalness, the meeting of several needs simultaneously, the reciprocity of benefit for mother and volunteer that seems to be the successful factor in this prevention method.

We learned that prevention of child abuse programs can be conducted at the local level. With the exception of the two university-run projects (and

one of these was actually conducted in a defined community (some distance from the university), these programs took on rather ambitious goals without relying on extensive bureaucracies and the budgets that go with them. Part and parcel of this finding is the confirmation that paraprofessionals and volunteers are accepted and effective in delivering supportive and educational programs to individuals on a preventive basis--that is, to people who have neither been identified as having a need, nor sought out any kind of service. It had been reasonably well established that lay counselors and lay therapists are an efficient and effective addition to treatment programs (see, for example, Cohn [10]); but the intuition that they would be effective in prevention programs stood in need of empirical corroboration.

We learned that the demonstration project structure (coupled with the state of the art of evaluation research in prevention) is, for the most part, inadequate to measurably affect the quality of family life for whole communities. In many ways, information and referral and community education programs raise community expectations about continuing services that often cannot be met beyond the demonstration grant period.

We learned that the creative arts are effective communicators of preventive information; that they stimulate discussion of meaningful topics, allow the introduction of highly sensitive material and facilitate the reaching of large numbers of people, including groups traditionally thought of as inaccessible.

There are, of course, many things the research of these demonstrations did not tell us. We do not know about the individual and subgroup variation in susceptibility to these programs (although the data exist to investigate this). In both the highly and the less-successful programs there are classifications of people who do better or worse than others; who they are and why they were affected in a particular way are significant questions to pursue further.

We do not know how lasting any of the effects of these programs on parents will be beyond the final measurements. There was little opportunity for longitudinal follow-up in this study, and the changes measured one day could conceivably have disappeared the next. Moreover, we do not know that any of these programs prevented child abuse that would have occurred without them. Long-term prospective research is the only way to come close to answering that question, and even that cannot tell us who would have abused their children. Proximate measures of effectiveness are nearly always the best outcome that can be obtained for prevention programs of this nature [10].

Finally, we do not know about the generalizability of these programs. Can these results be replicated elsewhere, or are they simply artifacts of these particular conditions? These are all valid questions that should be studied. For the time being, some of these strategies look promising. There is reason for the community in general and, in particular, members of those professions and systems that can no longer adequately treat child abuse after the fact, to advocate for their continued operation and evaluation.

## Recommendations

On the basis of the experience of observing and evaluating these eleven demonstration projects over the course of three and a half years, a number of recommendations can be made to NCCAN and to the research and demonstration generating and funding community outside of the government. The first class of these recommendations has to do with programming. We can recommend a number of program types to be undertaken at the community level and funded by NCCAN and others. One type of project recommended is programs responsive to particular cultural groups. Programs that will develop specific techniques and materials for one or a few related cultural groups are necessary and can add substantially to our overall knowledge of how to deliver preventive interventions. The Pan Asian Parent Education Program demonstrated the vast differences between groups often perceived as one (Asians); and that program and, to a greater extent, the Avance C.A.N. Prevent program showed that a culture-based program can be very powerful in transferring knowledge and changing attitudes.

We would also recommend conducting programs where volunteers or para-professionals work one-to-one with parents, perhaps extending the contact point beyond the perinatal period to other points in the life cycle. These parent aides could work with families during the child's preschool period, for instance, perhaps making contact through well baby clinics or day care centers. Families of school age children could be contacted through the schools. Extending the concepts of parent education and support delivered in the context of a special empathic relationship later in the life cycle would make that service available to those who may not have had access to supportive perinatal experiences and it would provide a "refresher" experience for some parents--something that may be needed due to the shifting needs and concerns stimulated by children's passage through developmental stages no matter how helpful a perinatal program may have been.

Our third recommendation would be that there be more programs demonstrated employing the entertainment media and using concepts from theatre and television. These media and the techniques associated with them could be applied to problems of neglect as well as abuse, and would be particularly suited to dealing with specific and timely environmental stresses related to child abuse: unemployment, depression, divorce, single parenthood. The ability of the mass media and the entertainment format to engage otherwise unreachable segments of the population augers for their increasing utilization in preventive efforts.

Further research of several types is also suggested by this evaluation. The first type indicated is epidemiological study. Many potentially helpful findings have come out of such studies that could have an impact on our thinking about child abuse prevention (e.g. the findings regarding high risk neighborhoods [11] and the impact of changes in the work force size [12]). We need to continue to refine our knowledge of the correlates of child abuse, the demographic variations, attitudes, behaviors and social conditions that accompany high rates of child abuse, so that they can be targeted by prevention programs. Hand-in-hand with these efforts would be methodologically sound needs assessment surveys of well-defined communities such as that conducted by Project C.A.N. Prevent in San Antonio, yielding even more specific information about risk factors.

Follow-up studies must be advocated. The strategies represented by this demonstration program that were found to be successful as well as others

must be followed through the period of risk for child abuse--in many cases this would be the duration of childhood--rather than just through the most opportune period for intervention and evaluation. This research includes both assessing the longevity of the proximal goal attainment, such as attitude change, as well as linking the immediate goals with the ultimate reduction in child abuse. Studies such as those represented by this collaborative research effort are only a first step toward these longitudinal research endeavors, but they should be utilized as this first step and not considered to be ends in themselves.

We need comparative studies of prevention strategies. Successful elements of prevention programs can be identified by studies such as this one. Determining what combinations of these elements are most effective in reducing the incidence of child abuse is a necessary outgrowth of this research. This harks back to the necessity of tailoring prevention programs to the particular characteristics of communities. In those areas where we have seemingly conflicting results from evaluation research, such as the studies on the phenomenon of "bonding" and the contributions to it made by such interventions as early and extended post-partum contact, in depth cross-program study is recommended to determine the ability of different program elements and combinations of them to affect the parent infant relationship and the risk for abuse given varying environmental conditions and client characteristics.

An important consideration is that of cost effectiveness. Although most of the interventions offered through this demonstration program are relatively inexpensive, they are not of equal cost, even if they were equally effective. Cost effectiveness measurement technique can be applied to prevention efforts [13], and they should be included wherever possible in assessing the relative value of different service mixes in preventing child abuse and neglect.

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Community and Minority Group Action to  
Prevent Child Abuse and Neglect Demonstration Projects

Perinatal Programs

Demonstration of Early and Extended Postpartum Contact Between  
Parents and Newborn and Effect upon Child Maltreatment  
Vanderbilt University School of Medicine  
Nashville, Tennessee

- Objective:
1. To develop three types of increased post-partum contact between parent and child, determine the frequency of child maltreatment after each type of contact.
  2. To establish a protocol by which early and extended contact can be implemented in a general hospital setting without undue disruption of staff or harm to the infant.

Perinatal Positive Parenting  
Institute for Family & Child Study  
Michigan State University  
East Lansing, Michigan

- Objective: To provide new parents with volunteer support and information/referral on parent-child relationships, early child growth and development, existing community resources and activities, toys, materials and books about their newborn; limited modeling of the skills needed to care for an infant; and the opportunity to interact with other new parents and to share their needs and concerns.

Rural Family Support Project  
Quinco Consulting Center  
Columbus, Indiana

- Objective: To prevent child abuse and neglect by promoting a healthy parent child bond, attachment, and relationship through the provision of a supportive perinatal environment and continuing services for rural families.

Pride in Parenthood  
The Planning Council  
Norfolk, Virginia

Objective: To demonstrate the effectiveness of a primary prevention of child abuse program delivered by a trained parent aide to first-time parents beginning in the prenatal stage, containing a perinatal bonding component, and lasting approximately through the baby's ninth month of age.

#### Parent Education

Project C.A.N. Prevent  
 Avance Parent Child Education Program  
 San Antonio, Texas

- Objective: 1. To identify factors and conditions that may be indicators for potential child abuse and neglect among low SES Mexican-American mothers.
2. To develop a comprehensive parenting education mode which is responsive to the needs of the identified target population and which address the prevention of child abuse and neglect.

Pan Asian Parent Education Project  
 Union of Pan Asian Communities  
 San Diego, California

- Objective: 1. To provide primary prevention of child abuse services for various Pan Asian ethnic communities, including Japanese, Samoan, Filipino, and Vietnamese, and to provide each participant the opportunity to learn about the similarities and differences in childrearing and socialization between their cultures and the mainstream culture.
2. To develop material about each of the target groups to include a description of values and attitudes toward children, the role and relationship of children in the family and extended family, childrearing practices and coping skills to be used for cultural awareness training. To develop a primary prevention guide for use with Pan Asian American parents.

## Media

### Close to Home

Primary Prevention of Child Abuse Television Programs  
University of Mid-America  
Lincoln, Nebraska

Objective: to produce a series of three half-hour television dramas for broadcast on public television networks and videotaped for use with parent training and other education groups. Stories will highlight aspects of normal family life which are stressful and can lead to child abuse, and offer some coping suggestions. Print materials will be developed to accompany videotapes for education groups.

Inter-Act: Street Theatre for Parents  
Panel for Family Living  
Tacoma, Washington

Objective: To reduce the possibility of child abuse and neglect by taking theatre presentations incorporating information on child-rearing and coping skills to hard to reach parents. to offer: a) grassroots outreach to people who normally do not utilize conventional parent education services; b) information and modeling skills in a way that people can easily absorb and use; c) parents a chance to help themselves by providing alternatives to negative or damaging parent behavior.

## Community Awareness/Information and Referral

Blackfeet Information and Referral Project for the  
Primary Prevention of Child Abuse and Neglect  
Blackfeet Tribe  
Browning, Montana

Objective: To develop an awareness in the Blackfeet reservation community about child abuse and neglect and to enlist community agents to work cooperatively to a) maintain this awareness and b) participate in child abuse and neglect prevention activities, which will include presentations to schools and other community groups, personal awareness conferences, and parenting classes.

Primary Prevention Partnership  
Cascade Islands Comprehensive Community Mental Health Center  
Mt. Vernon, Washington

Objective: Education of multiple professional groups (e.g., education clergy, medical) in a four-county rural area as to the incidence of child abuse in the area, case identification, proper response and techniques for prevention. Development of an information and referral system which will be accessible to all professional and supportive services to families in the project catchment area.

Project Network  
Atlanta University School of Social Work  
Atlanta, Georgia

Objective: To build a comprehensive community network to support families in the prevention of child abuse and neglect through the formation of task forces, parent groups, and an information and referral system. To offer community education, parenting skills training and preventive counseling of individuals.

Documents Related to the Collaborative Research  
of Community and Minority Group Action  
To Prevent Child Abuse and Neglect

Final Report: Collaborative Research of Community and Minority Group  
Action to Prevent Child Abuse and Neglect, National Committee for Pre-  
vention of Child Abuse, 1983.

- Volume I Perinatal Intervention
- Volume II Culture-Based Parent Education Programs
- Volume III Public Awareness and Education Using the Creative Arts
- Volume IV Community-Wide Education, Information and Referral  
programs

Child Abuse Prevention Project Profiles (interim document), National  
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"Ethnocentric Perceptions of Childrearing Practices in Protective Ser-  
vices," with John Cosgrove, Child Abuse and Neglect, The International  
Journal, in press.

CHILD ABUSE PREVENTION FINDINGS AVAILABLE

The National Committee for Prevention of Child Abuse has just completed a 3 1/2-year evaluation of eleven different prevention of child abuse strategies around the country. The final report is now available.

Some of the findings are:

- Variations of early and extended post-partum contact between mothers and infants in the hospital had no effect on maternal closeness to the baby, confidence in caring for the infant, maternal idealization of the child ("bonding"), or on parenting attitudes associated with abuse.
- Educational and supportive interventions delivered by volunteers to first-time mothers were effective in reducing unrealistic expectations of their children.
- Public awareness programs using the medium of street theatre significantly altered parental attitudes regarding stress management, discipline techniques, emotionally abusive patterns of communicating with children and expressing anger, for general, "high-risk," and professional audiences of individuals.

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